



New Harmony Counselling Services

LETTER OF AGREEMENT

Welcome! And thank you for your willingness to engage in this process of growth and development. I know that our time together has the potential to be an incredible time of transformation for you.

Responsibility:

The results you will receive will be a reflection of the commitment and effort with which you engage in the process. Although I will meet you at the level of commitment you bring, **YOU are ultimately responsible for your actions and the results you achieve.** The quality of the relationship we are able to build together will greatly impact the quality of your results. Please talk to me about any concerns that you have about our work or relationship. Comments, concerns and/or requests are most welcome.

Office Policies and General Information:

Email: pamela@newharmony.ca

Telephone: (613) 735-1112

If I am unavailable to take your call, please leave your name, telephone number and the best time to call you back on the voice messaging machine and I will return your call as soon as possible.

Your session time has been exclusively reserved for you. Unless otherwise negotiated ahead of time, appointments are an hour in length, with each session running approximately 50 minutes. Cancellation of an appointment requires 24 hours' notice (by email or phone). Without such notice we will consider that you have used the time and you will be billed for it. My software program is capable of giving you notice by telephone, text, or email to remind you of your appointment.

Payment is due in full at the conclusion of each session. Payment may be made by cash, cheque, or e-transfer. Your therapy may be covered by your employee benefits package or insurance. Check with your insurer **before** you begin therapy, as some insurers will only reimburse for therapy receive from a psychologist or social worker. I am a registered psychotherapist and **not** a psychologist.

Confidentiality:

Confidentiality is very important in the counselling relationship, and I promise to hold all our private conversations in strict confidence. During the initial discovery session, I collect contact, personal, and health information from you. I will not share your information in any way without your express permission. Hard copies of that information are stored in a private, locked filing cabinet. Client case records and progress notes are stored electronically on a password-protected, encrypted computer database system (*OWLPractice*). I will not disclose anything that is discussed within a session with anyone other than my clinical advisory group—other psychotherapist colleagues who are bound by the same rules of confidentiality as I am. No information will be released to a third party without a signed release from all parties involved, except where required by federal or provincial laws requiring the reporting of threats, violence, bodily harm, child abuse and neglect, or when the release of information is ordered by a legally recognized court. **Circle of Care:** You may choose to include your family doctor, a

parent, your partner, your emergency contact, or other designated persons in your "Circle of Care", and those people may then be aware that you are in therapy, and that you are attending sessions. However, no information about your therapy will be released by me without a signed release form.

***Please note:** *In the case of couples and family counselling, sometimes it is helpful to see individuals separately. In these individual sessions information shared is kept confidential, however, when information learned in the course of an individual session **in my clinical opinion** seems relevant, or even essential, to the treatment of the couple or family, it is not always possible or ethical to maintain confidentiality when couples and family sessions resume. For instance, I will **not** "keep secrets" of an affair that might have an impact on the couple relationship. (See "**No Secrets**" Policy posted on the website)*

By signing this document, you indicate that you understand the limits of confidentiality, my professional and legal duty to report potential harm and abuse, and you agree to live with the consequences of such reporting.

Permission to Record Sessions

I routinely record sessions to assist with making progress notes. Recordings are stored on a digital recording device in a locked drawer or on a password-protected laptop. Once client progress notes are complete, and any recordings have been reviewed, they are permanently deleted.

As part of my ongoing professional development, and for the purposes of providing quality clinical care for each client, I periodically belong to a clinical advisory group with other therapist colleagues where we discuss difficult cases and share insights and resources. In these collaborative settings, I will sometimes share details of my client cases (first names only) as well as audiotaped or videotaped sessions of therapy. This does not include any identifying details about clients. All of the therapists are bound by the same ethical and confidentiality requirements as I am. Recordings will only be shared with the group for the purposes of education and guidance.

By signing this agreement, you agree to allow for the recording of our sessions, and for periodic consultation with my colleagues on my work with you.

We, the undersigned, have read this document, understand it, and agree with its terms. We will comply with all the points in this letter on our personal and professional honour.

Client: _____
Print Name Signature Date

Counsellor: **Pamela D. Harrington** _____
Signature Date

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Registered Psychotherapist (CRPO # 003883)

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Clinical Fellow - (CAMFT – membership # 2017143)

Clinical Fellow - (AAMFT – membership # 136018)